

MAY 29 2007

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MS Amendment U.S. Patent and Trademark Office	(571) 273-8300	(571) 272-0903

FROM: Stephanie A. Yonker DATE: May 29, 2007

Number of pages with cover page:	16	
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Preparer of this slip has confirmed that facsimile number given is correct: 7230/dar9

Comments:

Official Filing

Examiner: E. Le
 Art Unit: 1648
 U.S. Patent Application Serial No.: 09/802,686
 Filing Date: March 9, 2001
 Inventor(s): Gary VAN NEST
 Title: METHODS OF PREVENTING AND TREATING RESPIRATORY VIRAL
 INFECTION USING IMMUNOMODULATORY POLYNUCLEOTIDE SEQUENCES
 Docket No.: 377882000900

Papers enclosed herewith:

1. Transmittal (1 page)
2. Fee Transmittal + duplicate copy for fee processing (2 pages)
3. Petition for Extension of Time (1 page)
4. Amendment In Response to Non-Final Office Action (11 pages)

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PTO/SB/21 (04-07)

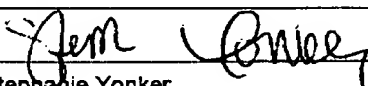
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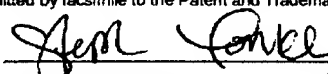
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/802,686
		Filing Date	March 9, 2001
		First Named Inventor	Gary VAN NEST
		Art Unit	1648
		Examiner Name	E. Le
Total Number of Pages in This Submission	15	Attorney Docket Number	377882000900

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate copy for fee processing (2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (11 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Stephanie Yonker		
Date	May 29, 2007	Reg. No.	58,528

I hereby certify that this paper is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.	
Dated: May 29, 2007	Signature:  (Stephanie Yonker)

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PTO/SB/17 (05-07)

Approved for use through 05/31/2007. OMB 0651-0032

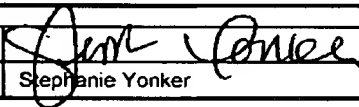
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Effective on 12/09/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2007		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/802,686
		Filing Date	March 9, 2001
		First Named Inventor	Gary VAN NEST
		Examiner Name	E. Le
		Art Unit	1648
TOTAL AMOUNT OF PAYMENT (\$) 60.00		Attorney Docket No.	377882000900

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
							<u>Small Entity</u>
Fee Description							Fee (\$) Fee (\$)
Each claim over 20 (including Reissues)							50 25
Each independent claim over 3 (including Reissues)							200 100
Multiple dependent claims							360 180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
11		- 20 = 0	x 25 =	0.00	Fee (\$) Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.		180 0.00					
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 = 0		x 100 =	0.00				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)		
- 100 =		/50 =	(round up to a whole number) x	=			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2251 Extension for response within first month							60.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	58,528
Name (Print/Type)	Stephanie Yonker	Telephone	(650) 813-4227
		Date	May 29, 2007

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